MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/019318

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND	DEP.
1	/							51		03				
2		1						52		03				
3		1						53		03				
4		4						54						
5		4						55						
6		4						56						
7		4						57						
8		4						58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17		4						67						
18		4						68						
19		4						69						
20		4						70						
21		4						71						
22		4						72						
23		4						73						
24		4						74						
25		4						75						
26		4						76						
27		4						77						
28		1						78						
29		1						79						
30								80						
31		3						81						
32		3						82						
33		3						83						
34		3						84						
35		3						85						
36		3						86						
37		3						87						
38		3						88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL	2	↓	↓		↓			TOTAL IND.		↓		↓		↓
TOTAL	14							TOTAL DEP.						
TOTAL CLAIMS	14							TOTAL CLAIMS						